

Federal Political Committee NC Disclosure Report Cover

Amendment

☐ Yes☐ No

Use this form as a cover page to report NC Federal Political Committee contributions to NC political committees

Do not use this form to update information

1. Committee Information				
a. Full Name			c. NC ID Number	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Total Amount Given to NC Committees	
			\$	
6. Type of Report <small>(check one)</small>		8. Treasurer Full Name <small>(this should appear as listed on the Statement of Organization [CRO-4000])</small>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth</div><div style="width: 45%;">Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Special</div></div>				
7. Special Report Name <small>(if applicable)</small>				
		9. Assistant Treasurer Full Name <small>(list the assistant that is a NC resident, if it is not the treasurer)</small>		
10. Account Information			10. Account Information	
a. Financial Institution Full Name			a. Financial Institution Full Name	
b. Purpose		c. Account Code	b. Purpose	
d. Period Begin Balance		e. Period End Balance		d. Period Begin Balance
\$		\$		\$
\$		\$		\$
CERTIFICATION				
I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k)				
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:		Employee:	Delivery Method	
Date Postmarked:		Employee:	<input type="checkbox"/> Normal Mail	
Date Scanned:		Employee:	<input type="checkbox"/> Registered Mail	
Date Data Entered:		Employee:	<input type="checkbox"/> Hand Delivered	
			<input type="checkbox"/> Electronically Filed	
			<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information.				
You must amend the Federal Political Committee Statement of Organization (CRO-4000) to make committee changes.				

